

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Secretary of DHS
Michael Chertoff
Office of General Counsel
U.S. DHS
Washington, D.C. 20528

2. Article Number
(Transfer from service label)

7001 0360 0000 4310 3208

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) 8007 Date of Delivery 7/1/07

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OFFICIAL CAPACITY ONLY

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Azulay Seiden Law Group
205 N. Michigan Avenue
40th Floor
Chicago, IL 60601

ALI (107-01200) (SEH)